PAYENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											a it displays a velid Class control auraber. Application or Dockst Humber		
CLAIMS AS FILED - PART I (Column 2)								SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
FOR MUNICIPALIED				MUMBE	MANBER EXTRA		RATE	FRE		RATE	PEE		
EUCE HAS CO GER LIGHT						۱Г			OR		•		
701	ALCOURS OFR LIGHT			minus 20 = -			l I,			OR	XI ·		
100	PERCENT	AWS.	sisse 3 = *								**		
(37 CFR 1.15(1) milms 3 = " MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(6)							l f			OR OR	**	· · · ·	
"If the (Microsco in column 1 is less than zero, exter W in column 2.							_	TOTAL		CAR.	TOTAL	·:	
-									,				
7	CLAIMS AS AMENDED - PART II CLAIMS AS AMENDED - PART II COMMENT TO SMALL ENTITY OR OTHER TO SMALL ENTITY OR OTHER TO SMALL ENTITY												
	71 000	Т	CLAMES		HIGHEST	<u> </u>							
ENT A		- 1	REMAINING AFTER MENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TICHAL FER		RATE	ADDI- TIONAL FEE	
DME	Total (2) (24) Ltape	1	Ø	Miros	33	•				OR	x	75-10	
AMENIDM	particularity of o'll List		1	Milres	T 27	•	Į,			OR	x1		
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))						IГ.			OR	••		
_								TOTAL COOL FEE		OR	TOTAL ADDLIFEE		
3-6-07 (Column 7) (Column 2) (Column 2)										,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
ENTB		T	CLASAS SEMANDIO AFTER MENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT - EXTRA		RATE	ACOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
- 3	to case (retri	T	7	Minus	33	•	- [,	آ ن	1	OR	# 6	1	
MEND	Indicated Cabi		/	Minus	7	•		· •		OR	z		
RIST MESBELATION OF MATIFUE DEPENDENT CLAIM PT GFR LINKS							Ŀ			OR.	• 8		
0.								LOOL FEE		OR	ADOL FEE		
U	<u>, 28 </u>	0%	Column 1)	•	(Column 2)	(Column 3)						1	
MENTC	8nb	. 6	CLUMS EMAINEIG AFTER KENDMENT		NAMEER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		RATE	ADDA TIDNAL FEE	
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	(2) CHE LIND	— •	/	Mires	- 3	•		Z•		OR.	22/0		
AM	FORST PROES	DUTATIO	MO MATPU	80000	9/1 CLAN (57 CF	R 1.100(3)				OR.			
								OO'L FEE		GR GR	TOTAL ADDLIFEE		
* If the entry in column 1 is less than the entry in column 2, wells "If in exhans 2. "If the "lighest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "lighest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". The "lighest Number Previously Paid For" (fold or indispendent) is the Jalyanst number found in the appropriate box in polaries 1.													
lika e	election of to O to proceed	60 CD	on is required distribution. Confi	17 37 CF	H 1:18. The lafe governed by 25	U.S.G. 122 and	ind to	obtain or rea FR 1.14. This	in a benefil collection is o	y the per	ale which is to f	de (and by the	

This enlocks of information is required by 37 CFFR 1-16. The information is required to obtain a beautif by the public which is to the fand by the SFFR 1-16. This content is a content of the public which is to the fand by the SFFR 1-16. This content is no estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Thus will very depending upon the includent case. Any comments on the amount of time you require to complete the form ending suggestions for reducing this burner, should be sent to the Chief information Officer, U.S. Patient and Trachment Officer, U.S. Department of Commencers, P.O. Box 1430, Alexandria, VA 22313-1450, OU NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Putents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell \$400-PTO-9199 and select option \$

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